

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
69/390 844

FILING DATE

APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	3					
5	3					
6	①					
7	①					
8	①					
9	①					
10	①					
11	①		1			
12	①					
13	3		1			
14	3					
15	①		1			
16			1			
17			1			
18			1			
19			1			
20			1			
21			1			
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49						
50						
TOTAL IND.	1		3			
TOTAL DEP.	2		1			
TOTAL CLAIMS	22		14			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.			1			
TOTAL DEP.			1			
TOTAL CLAIMS			1			